

GEORGIA INSURANCE DEPARTMENT  
PREMIUM TAX UNIT  
916 WEST TOWER, #2 MARTIN LUTHER KING, JR. DRIVE  
ATLANTA, GEORGIA 30334

GEORGIA RETALIATORY TAX COMPUTATION (O.C.G.A. §33-3-26)  
FOR THE YEAR ENDING DECEMBER 31, 2002

ALL foreign and alien insurers authorized to do business in Georgia MUST COMPLETE THIS FORM.

	Column 1	Column 2
STATE OF DOMICILE: _____	Fees and Taxes paid and due the State of Georgia for calendar year, 2002	Fees and Taxes which would have been paid and due your home state if this business had been written there by a Georgia insurer.
1. Applicable Premium Tax Rate	2.25%	_____ %*
2. Premium Tax	\$	\$
3. Fire Marshal Tax	NONE	
4. Tax on Taxable Finance Charges	NONE	
5. Annual License Fee	\$500.00	
6. Filing Fees	\$200.00	
7. Tax on Taxable Annuities	NONE	
8. County/Municipal Taxes (Life and A&S Companies)	NONE	
9. County/Municipal Taxes (Other Than Life and A&S)		
10. Municipal License Fees (Other Than Life and A&S)		
11. Franchise Tax (Include any surcharge)	NONE	
12. Other (Please Describe)_____		
13. Other (Please Describe)_____		
14. COLUMN TOTALS	\$	\$

If the total of Column 1 exceeds the total of Column 2, no retaliatory tax is due. If the total of Column 2 exceeds the total of Column 1, retaliatory tax is due as follows:

*\* PROVIDE SUPPORTING DETAIL IF LESS THAN MAXIMUM RATE.*

Total of Column 2

\$ \_\_\_\_\_

Less: Total of Column 1

\_\_\_\_\_

Retaliatory Tax Due

\$ \_\_\_\_\_

If negative, enter \$0.

Enter the amount of Retaliatory Tax due on Line 13, Form GID-12 if positive amount.

State of \_\_\_\_\_ County of \_\_\_\_\_

Before me personally appeared \_\_\_\_\_ who, being duly sworn, deposes and says that  
Deponent Name (Please Print)

he/she is the \_\_\_\_\_ of \_\_\_\_\_, and that the foregoing  
Title (Please Print) Insurance Company (Please Print)

information is true and correct.

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Notary Public (Signature)--(Attach Seal)

Deponent (Signature)

PLEASE SEE INSTRUCTIONS ON REVERSE SIDE OF THIS FORM.